

Behavioral health provider COVID-19 Information

HCA's Division of Behavioral Health and Recovery (DBHR) created this guidance document, based on the questions presented during the weekly webinars and emails. Please see the [BH FAQ](#) available at our [COVID-19](#) website. Please check it regularly because things change in a few hours with federal government guidance and we are still working toward a stable policy.

General Information

- Face-to-Face - During the COVID 19 crisis, the face-face requirement is waived by the Department of Health for all BH services for which this was required. This includes PACT team and WISE services. See [BHA Waiver](#) for details. The MCOs will follow this policy as well.
- Crossing state lines - Behavioral health professionals in bordering cities must be licensed in the State of Washington in order to provide BH treatment services via telehealth/telemedicine to Washington residents during COVID19. Go to the Department of Health (DOH) website for coronavirus at [DOH-Emergencies during COVID-19](#). Under the tab for Healthcare Providers they will have information about how to apply for licensing. Then you will need to enroll with the client's payers as required by their policy.
- Commercial Carriers - Care Authority is not responsible for the requirements for commercial carriers. Our policies have been a consideration for the direction provided by the Office of Insurance Commissioner. Also ONEHEALTH PORT is developing a FAQ that will provide guidance to providers on policy and billing requirements for all commercial carriers (non-ERSA), Medicare C carriers and Medicaid.
- Reduction and facility closures - Created a list of "Treatment Providers Reduction and Closures of Facilities" impacted by COVID-19. [COVID-19 Provider Program Impact List](#)
- Loaner laptops - Laptops are only available during the COVID-19 pandemic, providers who receive a laptop will be given instructions for return at a later date. Loaner Laptop Application - [Laptop Request during COVID-19](#).
- Supervision Plans - Providers must submit a plan to HCA describing how they will implement and operationalize clinical supervision of all staff with less than a Master's Degree in a behavioral health field. This plan must be sufficiently detailed to address when and how staff will receive clinical supervision. The plan should be submitted to the HCA/DBHR COVID mailbox HCADBHRBHCVID19@hca.wa.gov with the Subject line: Supervision Plan. HCA/DBHR staff will review the plans and may require follow-up details if needed. Providers will be notified when their plans have been approved. When plans are approved, the approval will be retroactive to the date of submission.
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Telehealth

- Written Consent - Consent to participate using these technologies can be verbal, but the information provided and the verbal consent must be documented and dated. Once in-person visits are resumed, the client must sign a consent form that is communicating in writing that the client provided consent to use a platform that could not protect their personal health information.
- Commercial carriers - Health Care Authority is not responsible for the requirements for commercial carriers. Our policies have been a consideration for the direction provided by the Office of Insurance Commissioner. Also ONEHEALTH PORT is developing a FAQ that will provide guidance to providers on policy and billing requirements for commercial carriers and Medicare C and Medicaid.

- Intake - Behavioral health intake assessment can be completed by phone if a client does not have a device/connection which supports telehealth technology.

Billing

- Services by Telephone - Apple Health is temporarily allowing BH services using a telephone or other means of electronic transaction, as described above, to conduct an office visit. Report the service modality code (CPT or HCPC code) from the “Mental Health Guide, Part II: High Acuity Services” as you would if the encounter was in person. During this crisis, you can provide any modality in the “Mental Health Guide, Part II: High Acuity Services” using one of these telehealth methods, except as described below. Always document the modality used for delivery in the health care record.
 - If your Electronic Health Record (EHR) allows you to report the “CR” modifier or the place of service indicator that best describes where the client is, i.e. “12” is home; “31” is skilled nursing facility, “13” is assisted living facility, do so.
 - If your EHR doesn’t allow you to use this modifier and POS codes, and you cannot get your EHR modified timely to support billing in this way, report the service modality code (CPT or HCPC code) from the Mental Health Guide, Part II: High Acuity Services.
 - Remember to also follow any specific billing instructions in this section of the billing guide, including billing with the TG modifier as directed.
- Outpatient Groups should be billed as normal. If using telemedicine (HIPAA compliant interactive audio/video exchange e.g HIPAAA compliant ZOOM) report POS “02” for place of service, with a modifier of GT for a SERI reported service. (See BHFAQ for specifics)
 - If Group is conducted using a telehealth modality, e.g. phone use the POS of where the client is and modifier CR, if you can (See BHFAQ for specifics)
- Texting - Health Care Authority is adopting the Medicare code G2012 for brief phone visits, check-ins and for “texting” to conduct brief check- ins, as well as, screening or triaging that may proceed a telemedicine or telehealth exchange. (See BHFAQ for specifics) There are not specific instructions for tribal facilities when billing for telehealth services. Part II in the BHFAQ is specifically applicable to those services rendered consistent with Part II: “High Acuity Services” of the Mental Health Billing guide. However, depending on who is being served and under which benefit instructions in part I & III in the BHFAQ may be applicable.
- Tribal Facilities - There are not specific instructions for tribal facilities when billing for telehealth services. Just follow the instructions in part I-III in the Billing Guide as applicable to the client and program under which you are providing services.

Prevention

- The Athena Forum - Substance Use Disorder Prevention and Mental Health Promotion Section COVID-19 response is highlighted on [The Athena Forum](#). It provides innovative ways to continue prevention services and public awareness strategies.
- Take Back Day - DEA has confirmed that the April 26th Take Bake day has been cancelled and is not planned to be res-scheduled at the point. However, the DEA is looking to send out information later this month on strategies communities can use right now. Additionally, we would encourage you to promote securing meds during this time. The DEA is planning the next Take Back day for October as usual.
- Developer Approved EBP COVID adaptations – We have reviewed programs providers are doing and developer websites to make this information easily available to you at [Athena Forum - EBP Modification Tracking](#).

Treatments

- Problem Gambling Contracts - Providing problem gambling contracts with a flattened payment instead of Fee-for-Service.

Involuntary Treatment

- Tier 2 providers - Mobile crisis teams, like the Designated Crisis Responders (DCRs), are considered Tier 2 providers for PPE Allocation purposes. See [PPE Prioritization of Allocation](#).

Recovery Support Services

- The Recovery Support Services program is working with certified peer counselors training contractors to create an online platform to meet the demand for certified peers.

General Safety Guidance

- Disclosures - Please check with your Human Resources department and the local health jurisdiction to find out if notification should be provided to staff or clients if someone has a positive COVID test.
- Personal Protective Equipment (PPE) - Provider requests for PPE will be determined by Joint Incident Command.
- Interactions with Clients - Remember to limit the number of people interacting with a client as much as possible and masks should be conserved per Department of Health or CDC instructions.